

which had been 13 and 12 in the previous two weeks, declined last week to 7, of which 6 were returned in Glasgow. The deaths from "fever," from whooping-cough, and from scarlet fever also showed a decline; of the deaths from "fever," 2 occurred in Glasgow and 2 in Aberdeen, while 3 fatal cases of whooping-cough and 2 of scarlet fever were returned in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 94, 75, and 89 in the preceding three weeks, declined again last week to 77, but exceeded by 1 the number returned in the corresponding week of last year. The causes of 60, or nearly 15 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 20·7 and 24·8 per 1000 in the preceding two weeks, declined to 20·2 in the week ending July 7th. During the thirteen weeks of last quarter the death-rate in the city averaged 24·6 per 1000, the mean rate during the same period being 16·9 in London and 19·0 in Edinburgh. The 137 deaths in Dublin showed a decline of 31 from the number in the previous week; they included 6 which were referred to "fever" (typhus, enteric, or ill-defined), 6 to whooping-cough, 3 to measles, 2 to scarlet fever, and not one either to small-pox, diphtheria, or diarrhoea; in all, 17 deaths resulted from these principal zymotic diseases, against 8 and 13 in the preceding two weeks. The annual death-rate from these diseases was equal to 2·5 per 1000, the rate from the same diseases being 1·9 in London and 1·6 in Edinburgh. The fatal cases of "fever," which had been but 1 and 3 in the preceding two weeks, further rose last week to 6, showing an excess upon any recent weekly number. The fatal cases of whooping-cough and measles also showed an increase. The deaths both of infants and of elderly persons showed a decline from recent weekly numbers. Only 1 inquest case, and no death from violence, was registered; and 37, or more a quarter, of the deaths occurred in public institutions. The causes of 21, or more than 15 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

ON ARTIFICIAL GLYCOSURIA.

To the Editors of THE LANCET.

SIRS,—Your correspondent, Mr. Burton, in discussing the production of glycosuria from the internal administration of salicylates, seems to overlook the fact that the salicyluric acid occurring in the urine in such cases (with possibly other bodies, for Fleischer believed that pyrocatechin was also frequently to be found¹) reduces both the copper and bismuth tests for glucose. Since his letter appeared I have made a careful examination of the urine of a patient taking largedoses of salicylate of soda. When this patient wastaking from 20 to 40 grains daily, the urine gave a reaction corresponding to 5 grains to the ounce with picrate of potash, but when the drug was increased to 50 and 80 grains a day the amount of glucose indicated by the same test in the urine rose to 8½ grains, and the secretion, besides reducing Fehling's solution, threw down a copious black deposit when boiled with Lowe's bismuth test. I now set a sample of it to ferment with yeast alongside of three specimens of normal urine of equal quantity, to each of which had been added 8, 4, and 2 grains of glucose to the ounce respectively. These several specimens were put into little test tubes 6 inches deep, and the tubes were then inverted in little flasks, and kept at a temperature of 70° to 80° F., all four being treated exactly alike in every respect. At the end of about twenty-four hours the following was the result, as measured by the quantity of carbonic acid occupying the upper part of the tube:—

- 1. Normal urine + 8 gr. glucose to the oz. = 3⁸/₁₀ in.
- 2. Normal urine + 4 gr. glucose to the oz. = 2 in.
- 3. Normal urine + 2 gr. glucose to the oz. = 1⁷/₁₀ in.
- 4. Urine of patient = 1³/₁₀ to 1⁴/₁₀ in.

¹ Berlin. Klin. Wochenschrift, Sept. 1875, Nos. 39 and 40.

Next day the patient's urine (which had been kept tightly corked and was quite fresh) was again tried, but only a bubble or two of gas formed. At the same time, to ascertain how far any salicylate compounds present might interfere with fermentation, a specimen was set to ferment, to which 4 gr. of glucose to the ounce had been added. In the latter one inch of gas formed in twenty-four hours, and this increased to nearly two inches during the next equal period of time. It thus appeared that fermentation was retarded to a certain extent, but even after making allowance for this, it was clear that a large deduction required to be made from the indication afforded by a reduction test. When a quantity of the urine was shaken up with ten times its volume of ether, the latter yielded on evaporation a small quantity of a crystalline deposit, acid in reaction, which reduced Fehling's test slightly. When the urine which had been thus treated was afterwards acidulated with hydrochloric acid and again extracted with the same quantity of ether, a large deposit, partly crystalline and partly of a yellow, syrupy nature, was obtained, which gave in water a yellow solution with an acid reaction, and this solution not only threw down the red suboxide from the copper test, but also gave a perfectly black precipitate when boiled with the bismuth solution. A second, and even a third, charge of ether still extracted a considerable quantity of this acid mixture from the original sample of urine. It appeared to me that the urine hardly contained more than two grains of glucose to the ounce, and this may perhaps be accounted for by an action on the blood-corpuscles without any reference to a diabetic centre.

I am, Sirs, yours faithfully,

July, 1888.

ROBERT KIRK, M.D.

THE DANGERS ATTENDING THE ACTUAL ANOMALOUS CONSTITUTION OF THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—As I was unable to attend the late meeting of the Fellows of the College of Surgeons, I shall be obliged if you will allow me to recall attention in your columns to a striking illustration of the dangers to which the profession and the public are exposed from the practically irresponsible oligarchy which rules the College.

In 1876, the Council of the College, having obtained—of course without consulting either Fellows or Members—a Charter, which empowered them to admit "persons" to the examination in midwifery, apart from any other test in medicine and surgery, and, passing which, such "persons" would be entitled to be placed on the Register, endeavoured to carry this scheme into effect. To avoid a tedious history of what took place, it will be sufficient to quote from a leading article in THE LANCET of April 22nd, 1876:—

"The Council of the College of Surgeons have been saved from the effects of the weak, wavering policy of their leaders by the prompt and praiseworthy conduct of Dr. Barnes, one of the examiners in obstetrics. When it was announced that the College was willing to admit 'women' to examination in midwifery, Dr. Barnes at once declined to examine 'persons' who were not properly and adequately educated, and he accordingly tendered his resignation. Later on, Dr. Farre and Dr. Priestley were induced to follow Dr. Barnes' lead." And, in THE LANCET for March 18th, the Editor had said: "They (the Council) must not be surprised if those who represent obstetric medicine decline to assist in the manufacture of fragmentary diplomas. The Council of the Obstetrical Society and a general meeting of the Metropolitan Branch of the British Medical Association have already expressed in unmistakable terms a judgment which will be universally endorsed by the profession."

Thus it is clear that, had not the medical press represented the body of the profession far more truly than did the Council of the College, a most flagrant wrong might have been inflicted. The danger still exists. The Council is applying for a new charter *proprio motu*, not solicitous about the opinion of those in whose interest it is supposed to act.—I am, Sirs, yours faithfully,

ROBERT BARNES, M.D., F.R.C.S

Harley-street, W., July 7th, 1888.